Effective October 1, 2000 0978 2520													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN		
TOTAL CLÁIMS							RA	ΤE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASK	FEE	355.00		BASIC FEE		
TOTAL CHARGEABLE CLAIMS			20 minus 20=		•		X\$	0		1	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		• 3		-			OR		-	
M	ILTIPLE DEPE	NDENT CLAIM P	RESENT				X4	<i>]=</i> ——		OR	X80=		
* If the difference is not made to be at							+13	5=		OR	+270=		
* If the difference in column 1 is less than zero, enter "						column 2	TOT	AL		OR	TOTAL		
CLAIMS AS AMENDED - PART II								OTHER THAN					
_		(Column 1) CLAIMS	(Column 2)			(Column 3)	SMA				SMALL	· ·	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 12	Minus	²	O	=	X\$ 9)=		OR	X\$18=		
	Independent	<u> </u>		J	6	=	X40	=	-	OR	X80=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CL						+135				070		
								TAL		OR	+270=		
		(Column 1)		(0.1			ADDIT.		a i ga asasa	OR,	ADDIT. FEE		
AMENDMENT B	CLAIMS		(Column 2) HIGHEST			(Column 3)			ADDI-				
		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA	RAT	E	TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	••		=	X\$ 9	-		OR	X\$18=		
	Independent	•	Minus	***		•	X40	_		OR	X80=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							┪		Ī			
							+135	i		OR	+270=		
								EE L		OR ,	TOTAL ADDIT, FEE	·	
		(Column 1) CLAIMS	,	(Colum		(Column 3)				_	•		
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	RATE		ADDI- FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	X\$ 9:	_		OR	X\$18=		
	Independent		Minus	***		=	X40=	+		ľ	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							\dashv		OR	∧0U=		
• 4	the octor in each	ma f ia laca thee st	a material == 4		una ta	0	+135	1_		OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
7	he "Highest Num	moer Previously Paid ber Previously Paid	For (Total or	o orace is Independe	nt) is the	i a, eni er "3." highest number fo	ound in the	appr	opriate box				

Application or Docket Number